

POLICY NUMBER UM ONC_1335	SUBJECT Braftovi™ (encorafenib)	DEPT/PROGRAM UM Dept	PAGE 1 OF 2
DATES COMMITTEE REVIEWED 07/19/18, 06/13/19, 10/09/19, 12/11/19, 05/13/20	APPROVAL DATE May 13, 2020	EFFECTIVE DATE May 29, 2020	COMMITTEE APPROVAL DATES (latest version listed last) 07/19/18, 06/13/19, 10/09/19, 12/11/19, 05/13/20
PRIMARY BUSINESS OWNER: UM APPROVED BY: Dr. Andrew Hertler		COMMITTEE/BOARD APPROVAL Utilization Management Committee	
URAC STANDARDS HUM 1		NCQA STANDARDS UM 2	ADDITIONAL AREAS OF IMPACT
CMS REQUIREMENTS	STATE/FEDERAL REQUIREMENTS	APPLICABLE LINES OF BUSINESS Commercial, Exchange, Medicaid	

I. PURPOSE

To define and describe the accepted indications for Braftovi (encorafenib) usage in the treatment of cancer, including FDA approved indications, and off-label indications.

New Century is responsible for processing all medication requests from network ordering providers. Medications not authorized by New Century may be deemed as not approvable and therefore not reimbursable.

The use of this drug must be supported by one of the following: FDA approved product labeling, CMS-approved compendia, National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or peer-reviewed literature that meets the requirements of the CMS Medicare Benefit Policy Manual Chapter 15.

II. INDICATIONS FOR USE/INCLUSION CRITERIA

1. PREFERRED MEDICATION GUIDANCE FOR INITIAL REQUEST:

- When health plan Medicaid coverage provisions- including any applicable PDLs (Preferred Drug Lists)- conflict with the coverage provisions in this drug policy, health plan Medicaid coverage provisions take precedence per the **Preferred Drug Guidelines OR**
- When health plan Exchange coverage provisions- including any applicable PDLs (Preferred Drug Lists)- conflict with the coverage provisions in this drug policy, health plan Exchange coverage provisions take precedence per the **Preferred Drug Guidelines OR**
- For Health Plans that utilize NCH UM Oncology Clinical Policies as the initial clinical criteria, the **Preferred Drug Guidelines shall follow NCH L1 Pathways** when applicable, otherwise shall follow NCH drug policies **AND**
- Continuation requests of previously approved non-preferred medication are not subject to this provision **AND**
- When available, generic alternatives are preferred over brand-name drugs.

2. Melanoma

- NOTE: The preferred BRAF and MEK inhibitor combination regimen, per NCH policy and pathway, for unresectable/metastatic BRAF mutation positive melanoma is the combination of Cobimetinib + Vemurafenib over Binimetinib + Encorafenib.**
- Encorafenib may be used in BRAFV600E positive unresectable/metastatic melanoma, in combination with Binimetinib, in members who have intolerance/contraindication to Vemurafenib.

3. Metastatic Colorectal Cancer



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- a. The member has KRAS & NRAS wild-type and BRAF V600E mutation positive unresectable or metastatic colorectal cancer **AND**
- b. The member has had disease progression on one or more treatment regimens that did not include cetuximab or panitumumab **AND**
- c. Braftovi (encorafenib) will be used in combination with cetuximab or panitumumab.

IV. EXCLUSION CRITERIA

1. Disease progression while receiving Braftovi or another BRAF inhibitor (either as a single agent or as part of a combination regimen).
2. Dosing exceeds single dose limit of Braftovi (encorafenib) 450 mg (melanoma)/300 mg (colorectal cancer).
3. Treatment exceeds the maximum limit of Braftovi 180 (75 mg) capsules per month.
4. Indications not supported by CMS recognized compendia or acceptable peer reviewed literature.

V. MEDICATION MANAGEMENT

Please refer to the FDA label/package insert for details regarding these topics.

VI. APPROVAL AUTHORITY

1. Review – Utilization Management Department
2. Final Approval – Utilization Management Committee

VII. ATTACHMENTS

None

VIII. REFERENCES

1. Braftovi (encorafenib) prescribing information. Array BioPharma Inc. Boulder, Colorado 2019.
2. Clinical Pharmacology Elsevier Gold Standard. 2020.
3. Micromedex® Healthcare Series: Thomson Micromedex, Greenwood Village, Co. 2020.
4. National Comprehensive Cancer Network. Cancer Guidelines and Drugs and Biologics Compendium. 2020.
5. AHFS Drug Information. American Society of Health-Systems Pharmacists or Wolters Kluwer Lexi-Drugs. Bethesda, MD. 2020.